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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/132,392 04/24/2002 PAT 6,663,627 *MP*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/26/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 11	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Michael S. Kelly</i>	Initials <i>MP</i>		

## ADDRESS

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## TITLE

Ablation system and method of use

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )

<b>FILING FEE</b>  <b>RECEIVED</b> 770	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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